

Medical Disability Timeframes

The Administrator adopts the most recent edition of the *Medical Disability Advisor*, as published by Reed Group, Ltd., as guidelines for disability duration. Exceptions to this include any mental injury unless it is compensable pursuant to W.S. 27-14-102 (a)(xi)(J). This publication is intended to be used as a reference only, not as a definitive determination of disability durations, subject to the following conditions:

- (i) For uncomplicated medical and surgical cases;**
- (ii) Used as a tool against which the provider or medical professional should weigh the totality of his/her professional knowledge;**
- (iii) Used in conjunction with current case specific information; and**
- (iv) Not to be used as a substitute for quality case management of any medical disability situation.**

Each preauthorization request will be assigned a disability timeframe for the proposed surgical procedure. The injured worker, employer and Health Care Provider will all be copied with the preauthorization approval letter, which assigns the disability timeframe.

The Medical Disability timeframe is an important point in time during the recovery process when review of the individual's case with the treating physician is desirable, as well as designed to return an individual to productive endeavor.

The Medical Disability Advisor guidelines tables provide minimum, optimum, and maximum recovery time by five US DOL job classifications. The duration data is most useful when envisioned as a continuum in the case management process. The continuum extends from the minimum time required for most individuals to return to work to the maximum time when additional information should be obtained from the treating provider.

The disability duration guidelines provided in The Medical Disability Advisor are just that, guidelines. There are many factors that may influence length of disability for a specific diagnosis or procedure. No reference can take into account all of the important variables that may potentially have an impact on an individual medical case.

No set of guidelines can substitute for the strategy agreed upon by the patient and their caregiver.